



Department of Workforce Services
REGISTRATION FOR SERVICES

Please answer the questions below to register for employment, training and/or supportive services offered by the Department of Workforce Services. An application form may be required depending on the services you request.

Shaded areas are for office use only.

Employment Center: _____ Completed by: _____

A. General Information

Social Security Number: - -		Today's Date:	
First Name:	M.I.:	Last Name:	
Mailing Address:	Apt. #	City:	State: Zip:
Street Address:	Apt. #	City:	State: Zip:
Email Address:			
Home Phone: () -	Cell: () -	Work: () -	Other: () -
Preferred Method of Contact: <input type="checkbox"/> (1) Email <input type="checkbox"/> (2) Phone <input type="checkbox"/> (3) Mail			

1. **Date of Birth:** _____ / _____ / _____
2. **Gender:** ☐ (1) Male ☐ (2) Female
3. **US Citizen?** ☐ (1) Yes ☐ (2) No If No, your alien registration number: _____
4. **Are you a refugee?** ☐ (1) Yes ☐ (2) No If Yes, enter your date of entry: _____ / _____ / _____
5. **Are you an asylee?** ☐ (1) Yes ☐ (2) No If Yes, enter date asylum was granted: _____ / _____ / _____
6. **Ethnicity:** Are you Spanish, Hispanic or Latino? ☐ (1) Yes ☐ (2) No
7. **Race:** You may select one or more:
 - ☐ (1) White including origins from Europe, Middle East or North Africa
 - ☐ (2) Black or African American or Haitian
 - ☐ (3) South/Central/North American Native including American Indian or Alaska Native
 - ☐ (4) Asian Continent, Indian Sub Continent, Japanese, Korean, Filipino or Malaysian Origins
 - ☐ (5) Native Hawaiian or other Pacific Islander

B. Military Service: Complete this section if you are a Veteran.

8. Choose those items that best describe your veteran status:
 - ☐ Vietnam Era Veteran (02/28/61 - 05/07/75 in country or 08/05/64 -5/07/75)
 - ☐ Service connected disability, 30% or more.
 - ☐ Service connected disability, less than 30%.
 - ☐ Active military service (over 180 days at one time)
 - ☐ Your husband/wife has total permanent service connected disability, is a prisoner of war, is missing in action, or died as a result of a service connected disability.
 - ☐ Member of a Reserve or National Guard component who served on active duty during a period of war (includes Persian Gulf War) or in a campaign for which a campaign badge was issued.
 - ☐ Served on active duty in the US armed forces during a war or in a campaign or expedition for which a campaign badge has been authorized.

Military Service Dates	
Mo.	Yr.
From: _____	/ _____
To: _____	/ _____
From: _____	/ _____
To: _____	/ _____
From: _____	/ _____
To: _____	/ _____

C. Migrant Seasonal Farm Worker: For Office Use Only

Select only one:

☐ (1) Seasonal Farm Worker☐ (2) Migrant Food Processor☐ (3) Migrant Agricultural Worker**D. Desired Employment**

Your Objective Statement is the description of the type of employment you are seeking. This statement will become part of your electronic DWS resume.

9. Objective Statement:

10. Can employers view your resume via the DWS Web site? ☐ (1) Yes ☐ (2) No**11. Currently employed?** ☐ (1) Yes ☐ (2) No

12. Job(s) you are interested in:	Occupational Code	Months of Experience	Year Last Worked

13. Registers Requested: 1. _____ 2. _____ 3. _____ 4. _____**14. Minimum salary you will accept per:** ☐ (1) Hour ☐ (2) Month ☐ (3) Year Amount \$ _____**15. Are you willing to work on a commission basis or piecework basis?** ☐ (1) Yes ☐ (2) No**16. A. Available to work:** ☐ (1) Full-Time ☐ (2) Part-time ☐ (3) Temporary (90 days or less) ☐ (4) Seasonal**B. Shifts you are willing to work:** ☐ (1) Day ☐ (2) Swing ☐ (3) Graveyard ☐ (4) Rotating**C. Available to work on Saturday?** ☐ (1) Yes ☐ (2) No **D. On Sunday?** ☐ (1) Yes ☐ (2) No**17. Willing to live at the work site?** ☐ (1) Yes ☐ (2) No**18. Willing to work domestic jobs?** ☐ (1) Yes ☐ (2) No
19. Maximum pounds you can lift on a regular basis: ☐ (1) Light to 20 lbs. ☐ (2) Medium to 50 lbs.
☐ (3) Heavy to 75 lbs. ☐ (4) Very Heavy over 75 lbs.
20. Do you have access to a car? ☐ (1) Yes ☐ (2) No**21. A. Regular driver's license?** ☐ (1) Yes ☐ (2) No**B. Commercial driver's license (CDL)?** ☐ (1) Yes ☐ (2) No**C. Commercial Class:** ☐ (1) A ☐ (2) B ☐ (3) C**D. Endorsements:** _____

E. Employment History

22. List your work experience, starting with your current or most recent job. Leave ending date blank if still employed.

Employer Name:	City:	State:
Start Date: / /	Ending Date: / /	Total number of months worked: Hours per week:
Ending salary per:	<input type="checkbox"/> (1) Hour <input type="checkbox"/> (2) Month <input type="checkbox"/> (3) Year	Amount \$ _____
Print on Resume? <input type="checkbox"/> (1) Yes <input type="checkbox"/> (2) No	
Job title:		
Job description/duties (Include skills obtained, and tools/machines used):		

Employer Name:	City:	State:
Start Date: / /	Ending Date: / /	Total number of months worked: Hours per week:
Ending salary per:	<input type="checkbox"/> (1) Hour <input type="checkbox"/> (2) Month <input type="checkbox"/> (3) Year	Amount \$ _____
Print on Resume? <input type="checkbox"/> (1) Yes <input type="checkbox"/> (2) No	
Job title:		
Job description/duties (Include skills obtained, and tools/machines used):		

Employer Name:	City:	State:
Start Date: / /	Ending Date: / /	Total number of months worked: Hours per week:
Ending salary per:	<input type="checkbox"/> (1) Hour <input type="checkbox"/> (2) Month <input type="checkbox"/> (3) Year	Amount \$ _____
Print on Resume? <input type="checkbox"/> (1) Yes <input type="checkbox"/> (2) No	
Job title:		
Job description/duties (Include skills obtained, and tools/machines used):		

F. Education / Licenses / Certificates / Accomplishments

23. Are you a full time student attending or planning to attend school within four months? ☐ (1) Yes ☐ (2) No

24. Please indicate the number of years of schooling you have completed:_____

25. Degrees:

☐ (1) None

☐ (2) H.S.

☐ (3) GED

☐ (4) Associates

☐ (5) Bachelors

☐ (6) Masters

☐ (7) Ph. D

☐ (8) Area of Study

School Name:

City:

State:

Country:

Major code:

Minor code:

Completion date:

/

☐ (1) None

☐ (2) H.S.

☐ (3) GED

☐ (4) Associates

☐ (5) Bachelors

☐ (6) Masters

☐ (7) Ph. D

☐ (8) Area of Study

School Name:

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Completion date:

/

☐ (1) None

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☐ (3) GED

☐ (4) Associates

☐ (5) Bachelors

☐ (6) Masters

☐ (7) Ph. D

☐ (8) Area of Study

School Name:

City:

State:

Country:

Major code:

Minor code:

Completion date:

/

☐ (1) Certificate

☐ (2) Professional License

Type:

State:

Date received:

/

☐ (1) Certificate

☐ (2) Professional License

Type:

State:

Date received:

/

☐ (1) Certificate

☐ (2) Professional License

Type:

State:

Date received:

/

☐ (1) Certificate

☐ (2) Professional License

Type:

State:

Date received:

/

26. Accomplishments (List up to four):

1.

2.

3.

4.

G. Eligibility for Other DWS Services

The Department of Workforce Services offers a variety of services to special customer groups. If you are interested in exploring these possible resources, please complete the following questions. You may need to complete an application for additional services and provide additional information. If the service you need is not offered by Workforce Services, we will provide you with information on other resources.

27. **A.** Are you disabled? ☐ (1) Yes ☐ (2) No
B. If yes, does it cause a substantial barrier to employment? ☐ (1) Yes ☐ (2) No
28. If unemployed, is your unemployment the result of a layoff of 10 or more employees? ☐ (1) Yes ☐ (2) No
29. **A.** Are you a homemaker and have been out of the workforce for eight or more years? ☐ (1) Yes ☐ (2) No
B. Were you previously dependent on the income of a family member and lost that income or dependent on government assistance and are no longer eligible for that assistance? ☐ (1) Yes ☐ (2) No
C. If yes, do you feel you presently lack marketable work skills? ☐ (1) Yes ☐ (2) No

LEP (Limited English Proficiency)? _____

H. ADDITIONAL COMMENTS:

Please explain what your career/employment goals are, and any problems you see to reaching these goals, and describe what you need from the Department of Workforce Services today.

PLEASE TURN OVER AND COMPLETE PAGE 6

I. THIS SECTION TO BE COMPLETED BY DWS REPRESENTATIVE

Employment and Training Services

- ☐ Unemployment Benefits
- ☐ Job Training
- ☐ Skills Testing
- ☐ Educational Services/ Basic Educational Skills
- ☐ Dislocated Worker Services
- ☐ Career Planning
- ☐ Other

Supportive Services

- ☐ Financial Assistance
- ☐ Food Stamps Benefits
- ☐ Child Care
- ☐ Medical

Supportive Services for the Aged/Disabled

- ☐ Medical Assistance
- ☐ Food Stamps Benefits

Referral Services

- ☐ H.E.A.T. Assistance
- ☐ Help for abused or neglected children or adults
- ☐ Housing Assistance
- ☐ Legal Assistance
- ☐ Mental Health Services
- ☐ Transportation
- ☐ Child Support Collection

USE OF INFORMATION SUBMITTED: *The Workforce Services Act and the Government Records Access Management Act require us to notify you that any information you are requested to give when filling out a "Registration for Services" from Workforce Services is voluntary, unless you are currently filing for unemployment insurance benefits, in which case the information (except the disability data) is required. Failure to complete all documents accurately and completely may result in loss or reduction of service and, if you are a claimant, may result in denial of unemployment benefits or possible criminal prosecution for false statements. This information may be used for any purpose related to the administration of Workforce Services programs/services, and related state and federal laws, including but not limited to employment services, statistical data, payment of benefits, law enforcement, audits, etc. This information may also be disclosed to employers (information about the receipt of Supportive Services cannot be shared with employers), the Federal Government, the Department of Human Services, Immigration and Naturalization Services, the Federal Department of Housing and Urban Development, and the Department of Health.*

Department of Workforce Services programs are all equal opportunity programs. If you believe you have been discriminated against because of race, color, national origin, age, sex, disability, political beliefs, or religion you can call Customer Relations at 1-800-331-4341 for information on how to make a claim.

TOOLS / SKILLS

Please circle up to 15 codes that best describes your work skills and tools owned.

TOOLS

Tools Owned

AUTOT Auto Body Tools
 CARPH Carpentry Hand Tools
 CEMET Cement Tools
 DRYWT Drywall Tools
 ELECT Electrical Tools
 HARDH Hard Hat
 MACHT Machining Tools
 MECHA Mechanic Tools
 OWNTR Own Truck
 PAINT Painting Tools
 PLUMT Plumber Tools
 SHEET Sheet Metal Tools
 STEEL Steel-toed Boots
 WELDT Welding Tools

SKILLS

Languages

BILIS Bilingual Spanish
 SIGNL Sign Language

Agriculture

FARMI Farming
 LIVES Livestock

Construction

BLUEP Blueprint Reading
 CABIN Cabinet
 CARPF Carpentry-Finish
 CARPR Carpentry-Rough
 CEMEN Cement
 CURBA Curb And Gutter
 DRYWL Drywall
 ELECC Electrical
 FRAME Framed Metal Studs
 MINEE Mine Electrical

Drafting

AUTOC AUTOCAD
 CADCA CADCAM
 LASER LASERCAD

Industrial

BACKH Backhoe/Trackhoe
 BULLD Bulldozer/Grader
 CRANE Crane
 MININ Mining
 MOTOR Motor/Chain Hand
 PLC PLC (Program Logic Control)
 SOLDE Solder by Hand

Truck Driver

INTST Interstate
 LOCAL Local Only
 REFRI Refrigeration

Machining

CALIP Calipers/Micrometers
 CNCOP CNC Operator
 CNCPR CNC Programmer
 LATHE Lathes/Mills/Presses
 MACHI Machine Tool Tech
 METRI Metric
 PUNCH Punch Press/Drill Press

Welding

ALUMI Aluminum
 MIG MIG
 PIPE Pipe
 STAIN Stainless Steel
 STRUS Structural Steel
 STRUL Structural/Layout/Fit
 TIG TIG

Admin Support / Office

BANKI Banking
 COLLE Collections
 DATAE Data Entry
 DICTA Dictaphone
 INSUR Insurance
 LEGAL Legal Terminology
 LIBRA Library
 MEDIT Medical Terminology
 REALE Real Estate
 TENKE Ten Key
 QUART Quarterly Taxes

Bookkeeping/Accounting

ACCTP Accounts Payable
 ACCTR Accounts Receivable
 COMPA Computer Accounting
 GENER General Ledger
 INVOI Invoicing
 PALST P & L Statements
 PAYRO Payroll

Computer Software

COMPK Computer Literate
 DBASE DBASE
 DESKT Desktop Publishing
 EMAIL E-mail
 EXCEL EXCEL
 GRAPH Graphics
 INTER Internet Knowledgeable
 LAN LAN
 LINUX LINUX
 LOTUS LOTUS/LOTUS Notes
 MACIN Macintosh
 MICRW Microsoft Word
 MSDOS MS DOS
 NETWO Network Knowledgeable
 OWNPE Own Personal Computer
 PAGEM Pagemaker
 PEACH Peachtree
 POWER Power Point

PRESE Presentations
 PRINT Print Shop
 QUATT Quattro-Pro
 QUICB Quick Book For Windows
 QUICK Quicken
 STARO Star Office (LINUX)
 UNIX UNIX
 WIND2 Windows 2000
 WIND9 Windows 95/98/ME
 WINDN Windows NT
 WORDP Word Perfect

Programming tools

ACCES Access
 ADABA ADABAS
 ADOBE Adobe
 ASFOU AS 400
 ASP Active Server Pages
 CICS CICS
 COBOL COBOL
 COLDF Cold Fusion
 CPP C++
 DELPH DELPHI
 DREAM Dream Weaver
 FLASH Flash
 FRONT Front Page
 HTML HTML
 JAVA JAVA
 JSP JAVA Server Pages
 JAVAS JAVA Script
 MAINF Mainframe Experience
 NATUR Natural
 NETFU Net Fusion
 NOVEL Novell
 ORACD Oracle Database
 ORACT Oracle Tools
 PARAD Paradox
 PERLS PERL Script
 PLSQL PL/SQL
 RPG RPG
 SQL SQL
 SQLSE SQL Server
 SYBAS Sybase
 VBSCR VB Script
 VISUA Visual Basic
 XML XML

Misc.

FIREE Firefighter Experience
 MILSE Military Security Clearance